

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE
ADDRESS**

Application Number	See attached Exhibit A
Filing Date	See attached Exhibit A
First Named Inventor	See attached Exhibit A
Art Unit	See attached Exhibit A
Examiner Name	See attached Exhibit A
Attorney Docket Number	See attached Exhibit A

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 57449

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number: 57449

OR

Firm or Individual Name:

Address

City

State

Zip

Country

Telephone

Email

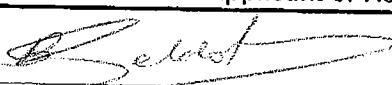
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 

Name *Bernard Seldes*

Date *May 21, 2007*

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

Submission includes _____

Statement under 37 CFR 3.73(b) form(s)

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.